03/05/2016 14 : 02

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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

	·	·	_	
1. (a) Name of AMERICAI	Individual, Organization or Corporation N FUTURE FUND			
	(number and street) check if different than p TOWN PKWY #200-156	reviously reported		
(c) City, State and ZIP Code				
WEST DES MOINES IA 50266		IA 50266	FEC Identification Number	
			C C90011677	
2. Occupation	C C90011877			
	TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No NO OVERING PERIOD: FROM THROUGH	✓ 24-Hour Report 48-Hour Report Yes, it amends the report filed on		
	OTAL CONTRIBUTIONS		.00 450000.00	
			100000.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.				
TYPE OR PRINT NAME OF PERSON COMPLETING FORM		_	DATE [ectronically Filed]	
Erin Clark		Erin Clark	03/05/2016	
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.				
NOTE. Submission of laise, enoneous of incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.				

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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AME OF FILER (In Full) AMERICAN FUTURE FUND				
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination			
Medium Buying, LLC	M M / D D / Y Y Y Y			
Mailing Address 3380 Tremont Road, Suite 290	03 05 2016			
5556 Tremont Road, Julie 256	Amount			
City State Zip Code	450000.00			
Columbus OH 43221	Transaction ID : F57.000001			
Purpose of Expenditure Media - TV advertisement placement. Category/ Type 004	Office Sought: House State: IL Senate District:			
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump	Check One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought 450000.00	Disbursement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination			
Mailing Address	M = M / D = D / Y = Y = Y			
	Amount			
City State Zip Code				
Purpose of Expenditure Category/ Type	Office Sought: House State:			
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: Check One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination			
Mailing Address	M M / D D / Y Y Y Y			
Walling Address	Amount			
City State Zip Code	Allouit			
Purpose of Expenditure Category/	Office Sought: House State:			
Type	Senate District:			
Name of Federal Candidate Supported or Opposed by Expenditure:	President District.			
	Check One: Support Oppose			
Calendar Year-To-Date Per Election	Disbursement For: Primary General			
for Office Sought	Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	450000.00			